

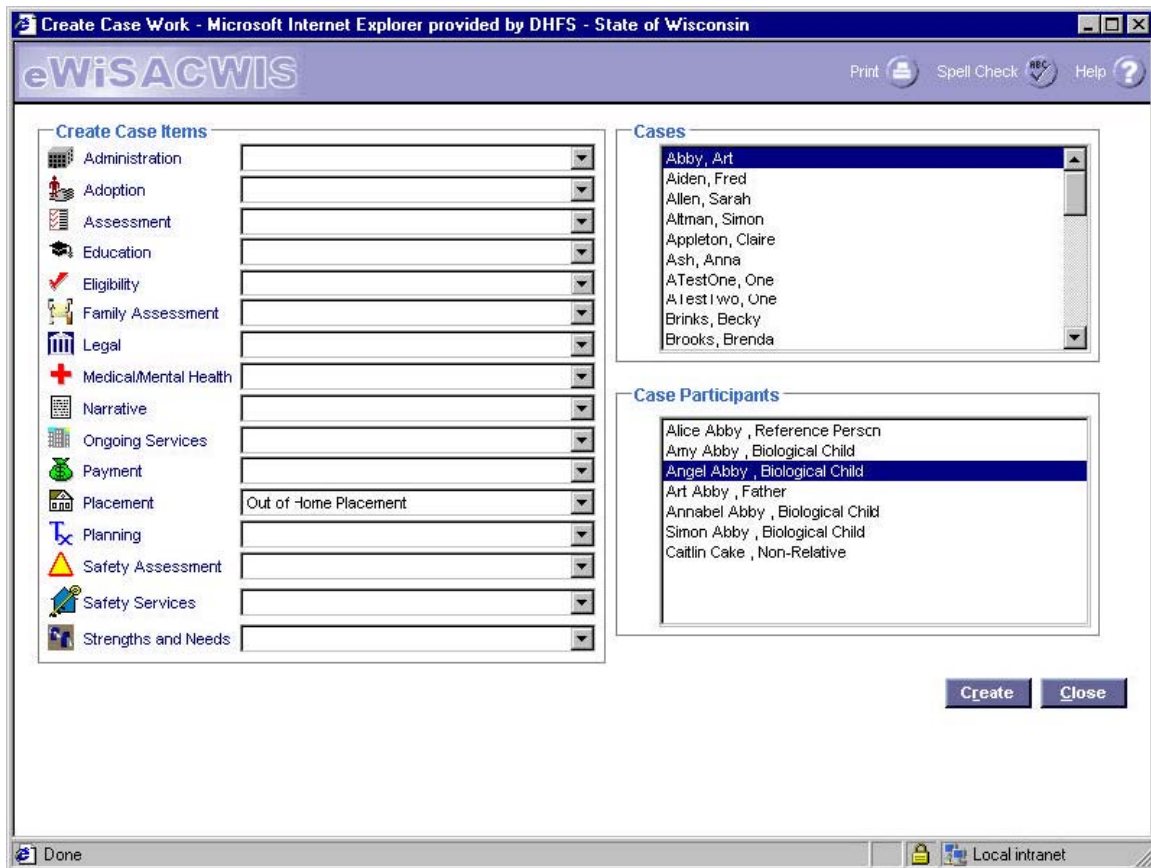
HOSPITAL/MENTAL HEALTH FACILITY PLACEMENTS:

Hospital/Mental Health Facility placements that start placement episodes or fall between other Out-of-Home placements (where there would be gaps in the placement record if you do not document the hospital stay) should be documented as Out-of-Home placements. Hospital/Mental Health Facility placements documented in eWiSACWIS will not generate a payment.

Successful documentation of an Out-of-home Placement or an In-home service assumes that the child's person management record is up to date. Please see the How Do I titled "Common Documentation Tasks For All Settings (In-Home & Out-of-Home)" for information surrounding documenting a person's demographics.

Also note that as part of the placement documentation the eligibility record for that child must be completed. See the above referenced How Do I for information surrounding documenting eligibility for a child.

And lastly, when ending placements or services, please refer to the above referenced How Do I for information surrounding ending a placement in eWiSACWIS.



Create Casework Page

Step 1 of 4

- From the Create Casework page select: Placement>Out-of-Home Placement>Case>Case Participant>Create

Placements and Services - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Child
 Child: Abby, Angel Case Name: Abby, Art Request Number:

Service **Provider**

Placement Begin

Placement Begin Date: 04/12/2004 **Placement End Date:** 00/00/0000
Date Removed from his/her home: 04/12/2004 Estimated End Date: 00/00/0000
 VPA Date: 00/00/0000 County: Milwaukee

☐ This is a CPS Non-Conforming Placement
☐ This is an Adoptive Placement
[Removal Reasons](#)

Does the agency have legal responsibility of the child at the time of removal?
☐ Yes ☐ No ☒ N/A

☐ This Placement is the result of a transfer
☐ This is an Emergency Situation
☐ After Hours Placement

Service Category: Health Care Inpatient
Service Type: Protective Hospitalization (Ch 48)
Placement Status: Hospital

Child Specific Rate: \$0.00
 Current Basic Rate:
 Administrative Fee: \$0.00
 Exceptional Amount: \$0.00
 Supplemental Points: [Supplemental Points](#)
 Supplemental Points Amount: \$0.00
 Current Total Monthly Payment:

Options:

Done Local intranet

Placement and Services Page>Service Tab

Step 2 of 4

- On the Placements and Services page, Service tab, complete all needed fields.
- Enter the first day of the placement in the Placement Begin Date field.
- If this placement is a removal from home (start of a placement episode) be sure to enter the correct removal date in the Date Removed from his/her home.
- Select the correct Removal Reason(s) from the Removal Reasons pop-up page.
- In the Service Category field choose the appropriate service category Health Care Inpatient (Hospital) or Mental Health Inpatient.
- In the Service Type field choose the appropriate value.
- In the Placement Status field choose Hospital

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Child

Child: Abby, Angel Case Name: Abby, Art Request Number:

Service **Provider**

☐ Yes ☐ No ☒ N/A

☐ This Placement is the result of a transfer

☐ This is an Emergency Situation

☐ After Hours Placement

Administrative Fee: \$0.00

Exceptional Amount: \$0.00

Supplemental Points: [Supplemental Points](#)

Supplemental Points Amount: \$0.00

Current Total Monthly Payment:

Child Removal From Home Information

Manner: Court Ordered **Primary Caretaker:** Alice Abby

Caretaker Structure: Married Couple **Secondary Caretaker:** Art Abby

KIDS Referral

KIDS Referral

Is this referral in the best interest of the child? ☒ Yes ☐ No

Is this placement expected to be long term? ☒ Yes ☐ No

Is the worker aware of a court order for child support OR is this otherwise an appropriate case to refer for child support services? ☒ Yes ☐ No

Options:

Done Local intranet

Placement and Services Page>Service Tab (continued)

Step 3 of 4

- Answer the Child Removal from Home Information if this placement is a removal from home.
- Select appropriate values for the KIDS Referral information.

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Child: Abby, Angel Case Name: Abby, Art Request Number:

Service Provider

Provider Information

Name: AAA Agency [Search](#) ID: 20170 Contact:

C/O:

Street: 255 Hoosier Blvd. Apt:

City: Madison State: WI Zip: 53701 Country:

Phone: (608)515-4566 Ext: Fax: Alt Phone: Alt Ext:

Email:

Payment Information

Parent Agency: AAA Agency

Target Pop: CHIPS - Other

☐ Override Parent Agency rule

Kinship Care

Relationship of Child to Kinship Provider:

Split Payment

Options: Go Save Close

Done Local intranet

Placements and Services Page>Provider Tab

Step 4 of 4

- Click the Search hyperlink to launch the Search page and search for the appropriate provider.
- From the Search page, select the radio button next to the provider you want to use. Click Continue, this will return you to the Service tab and populate the provider you selected into the Name field under Provider Information.
- In the Target Pop field choose the appropriate value. The default value is "CHIPS-Other"
- Return to the Service tab.
- To approve the placement and send it to your supervisor for approval, choose Options>Approval>Go>Approve radio button>Continue.
- Click Save and then click Close on the Placements and Services page.